Abstracts and Extracts.

Zur Prognosestellung bei der Dementia praecox. Von MARIE-EMMA ZABLOCKA. Allgemeine Zeitschrift für Psychiatrie, Band 65, Heft 3, 1908.

This work was done in the Kantonanstalt Burghölzli, Zurich, under the direction of Professor Bleuler. The question to be answered was the following: What is the relation between the degree of dementia after the first acute period, and the symptoms, and the duration of the prodromal period, and the age of the patient at the onset, and the psychical and physical condition of the patient at the time of onset, and the immediate causes?

The cases were received in Burghölzli from January 1, 1898, to December 31, 1905, and were 647 in number, 342 women and 305 men, of whom 84 women and 69 men are still in the institution. One hundred and thirty-two patients have not been under observation long enough to allow a definite prognosis to be made, and are, therefore, not considered in this article. On discharge the cases were divided into three groups, those being light, medium, and severe dementia.

The cases were divided into the following disease types:

	Total.	Men.	Women.
Hebephrenics	206	125	81
Catatonics	174	55	119
Paranoid forms	135	68	67

On discharge the condition of these patients was as follows:

Dementia.	Light.	Medium.	Severe.
Hebephrenics .	119 (58%)	44 (21%)	43 (21%)
Catatonics	101 (58%)	26 (15%)	47 (27%)
Paranoid forms	87 (65%)	22 (16%)	26 (19%)

The conclusions reached are as follows:

(1) About 60% of the cases in whom the prognosis could be determined show after the first onset light dementia, about 18% a medium degree, and about 27% show a severe dementia.

(2) The form of the disease has a certain influence on the dementia following the first outbreak. In men the catatonic form has the worst prognosis, the paranoid form the best, while the hebephrenic form occupies a middle position as far as the dementia is concerned. In women the catatonic form does not show as much dementia after the first onset as it does in men.

(3) The relations between the degree of dementia after the first onset and the manner of onset is shown clearly. The chronic cases have the

worst prognoses, while the acute cases after the acute period has passed may return to the condition in which they were before the attack. Naturally this refers only to those cases who come into an institution.

(4) The influence of the age at the time of onset on the prognosis cannot be clearly demonstrated. One can only surmise that an onset before the age of puberty or between the ages of 35 and 45 would show a more unfavorable prognosis.

(5) The stronger influence of the catatonic symptoms especially on the outcome of the first onset of dementia præcox is only shown in men in whom they seem to point to an unfavorable prognosis, but do not influence it to a high degree. There is a certain connection between single catatonic symptoms and the prognosis. Negativism and stereotypy have a bad prognosis, while cases with hypersuggestibility and especially those with catalepsy show a lighter degree of dementia.

(6) The physical condition before the onset has no striking effect on the prognosis. There is, however, a certain relation between the general mental disposition before the onset and the result in that those of a retiring disposition show a worse outcome than the normal. Those patients who were formerly of a nervous disposition show a proportionally good result. The degree of intelligence before the onset has no marked influence on the outcome.

(7) Aniscoria is the only pupillary disturbance which seems to render the prognosis a little more unfavorable.

(8) The exciting causes seem to have no noticeable influence on the outcome. RICKSHER.

Contribution a l'Etude de la toxicite urinaire dans les maladies mentales et nerveuses. Par DR. A. MARIE. Archives de Neurologie, Vol. II, 4th series. Numbers 8 and 9, 1908.

A brief account is given of the work which has been done on this subject from the time Bouchard formulated his views on autointoxication up to the present time.

The first of the author's work was done to determine the toxicity of dialysed urine of epileptics. A portion of the urine was placed in sacs made of ordinary collodion and these sacs were placed in a box in which water constantly kept circulating from the tap for twenty-four hours, then in distilled water for twenty-four hours. The urines thus dialysed were injected into the ear of a rabbit. The animal was killed with a dose of 87 cc. per kilogram of animal. Another rabbit into whose ear undialysed urines were injected required 104 cc. per kilogram for a lethal dose. As distilled water is toxic on account of its hemolytic action, the dialysed urine was rendered isotonic by NaCl and injected into a rabbit. It rerequired 156 cc. per kilogram to kill the animal.

The animal was killed not only by the toxicity of the liquid injected, but also by the enormous quantity injected.

In order to take the influence of quantity into consideration it was necessary to calculate the urotoxic coefficient, and this shows that the undialysed urine is less toxic than the dialized.

The conclusions drawn from this are:

(1) With the toxins eliminated with the urine there are also antitoxins.

(2) These antitoxins are dialysable and one can, by this means, separate them from the toxins with which they are held in feeble combination.

(3) The proportion of the urotoxic coefficients of dialysed urines and nondialysed urines is equal to the inverse proportions of the corresponding fatal doses.

(4) These proportions indicate the relations between the elimination of toxins and antitoxins.

Experiments were made with urine from cases of epilepsy, dementia præcox, senile dementia, mania and from alcoholic degenerate.

The author's conclusions are as follows:

We believe that our experiments show that there is an undisputable relation between the urinary toxicity and the chemical composition of the urine. In order to show these relations, however, it is necessary to group the patients by diseases.

This paralellism between the chemical properties and the urinary toxicity is sharply shown by the urea. The cases of dementia præcox and the maniacs present a complete parallelism. Among the epileptics we have a single exception to this rule.

In eighteen patients there was a complete correspondence between the urinary toxicity and the results of cryoscopy in fourteen, that is, each time there was a hypertoxicity there was no renal disturbances, and each time there was a urinary hypotoxicity there was a renal insufficiency revealed by cryoscopy. Only four cases showed exceptions to this rule, in two, the hypertoxicity was only slight and it is not astonishing that cryoscopy did not reveal a renal disturbance.

In this way the urinary hypotoxicity seems to be explained by an obstacle opposed to the passage of the toxins in the renal filter, of the retention of the toxins in the organism and defective nitrogenous auto-intoxication.

In epileptics the crises are more frequent when the urinary intoxication is strongest. This is explained as follows:

The accumulation of toxins may be explained by two causes acting together or separately:

(1) The retention of the toxins or their poor elimination following some obstruction of the renal filter.

(2) The overproduction of toxins or the poor destruction of toxins by the liver, the thyroid or other glands whose function it is to eliminate poisons.

The overproduction of toxins, or their poor destruction, causes them to appear in the blood and urine, but if the kidney does not functionate properly a part of the poisons remain and accumulate until they produce

a sharp and energetic reaction. It is evident that if the overproduction is great and is accompanied by a renal obstacle, the accumulation of toxins may quickly reach its maximum point while the urine at the same time may be hypo- or hypertoxic and the crises frequent. If the overproduction of toxins is slight the same renal obstacle will stop almost all the poisons filtered from the blood into the urine. One then has a condition of urinary hypotoxicity accompanied by rare epileptic crises because a much longer time is necessary for the poisons to accumulate to the degree necessary to produce the same reaction.

If only the retention of toxins existed, how could one explain the hypertoxicity before the crises or very frequent crises accompanied by a marked hypertoxicity. RICKSHER.

Sur les accessoires de l'habillement dans la démence précoce et dans la psychose maniaque-dépressive. Note semiologique par GAETANO BOSCHI. Nouvelle Iconographie de la Salpêtriere, 21st Annee, p. 75, Janvier-Février, 1908.

This paper is unusually well illustrated by photogravures and is a pleasant excursion into one of the by-paths of psychiatry, rather than of especial clinical value. The author's conclusions are too long to reproduce here, but the most important are that in the insane, ornamentation of clothing is a symptom of valuable diagnostic value when taken with others, as alone it has little value. In dementia præcox there may be a characteristic stereotypy shown in the ornamentation, while in the excitement of maniacal-depressive insanity there may be many changes. Those depressed and those excited but not happy do not ornament their clothing. A change of sex in ornamentation is more frequent in women than in men and in the maniacal than in the demented. W. R. D.

La glande thyroide chez les alienes. Par J. RAMADIER ET L. MARCHAND. L'Encephale, An. 3, p. 121, aout, 1908.

The conclusions to this paper are:

The weight of the thyroid gland varies according to locality. In the asylum at Rodez 72.6 per cent of the glands weighed over 30 gm.; at Blois 31.2 per cent; at Rennes 6.6 per cent; at Villejuif 18.1 per cent.

The macroscopic lesions of the gland are especially frequent in the insane living in goitrous localities.

Microscopic lesions of the thyroid gland are very common, as much in those who have never had mental trouble as in the insane.

Of 48 glands from the insane at Loir-et-Cher, 8 were absolutely normal; 16 showed only a slight sclerosis; 5 showed sclerosed portions beside healthy areas; 14 showed a diffuse sclerosis with atrophy of the vesicles; 2 showed parenchymatous inflammation; and 1 an interstitial inflammation. W. R. D.

Apraxie et démence précoce. Par G. DROMARD. L'Encephale, An. 3, p. 162, aout, 1908.

The author has carefully examined two cases of dementia præcox relative to their ability to perform varied movements, and comes to the following conclusions:

(1) There is an intellectual apraxia as well as a motor apraxia and a sensory apraxia.

(2) Psychologically, intellectual apraxia corresponds to a disorder in voluntary activity produced in the phase that is immediately consecutive to the representation of the act and in the course of which is effected the ideational preparation of the detailed plan of this act.

(3) Clinically, intellectual apraxia places us in the presence of a confused mass of reactions which are extremely varied and which are not always easy to unravel. These reactions are shown by omissions, misplacements, substitutions and suspensions in the course of the partial acts which by their union form a complete act. They are always associated with a greater or less disorder of the attention.

(4) The analysis of such phenomena seems to us to clear up the disorders of motility shown by precocious dements in uniting the whole in one theory and in a single word the phenomena which have been interpreted in a thousand ways and described under most varied and inexact terms by others.

Cases of this kind studied patiently and with minute detail permit a further study of certain conditions to which have been applied the very vague term of "obnubilation"; they may also bring about suggestive contributions in the differentiation of pseudo-dementias. W. R. D.

Ricerche sul potere riducente delle urine nella frenosi maniaco-depressiva. Del O. PINI. Manicesmio, An. XXIV, p. 155, 1908.

This research has been made in a way similar to those of Alberti, Pighini, etc. In this study ten normal individuals were studied to establish a standard, after which six cases were studied in periods of excitement and periods of depression. Observations were made for six days in each instance. As a result it was found that there is an increase of the reducing power of the urine during the period of excitement; an increase of the same, although in less degree, during the stage of depression; a diminution of it after a state of prolonged excitement and a slowing of organic oxidation especially marked in the depressive period.

W. R. D.

Der Kopfschmerz bei der Dementia præcox. Von DR. TOMASCHNY. Allgemeine Zeitschrift für Psychiatrie, Bd. 65, p. 778, 1908.

The conclusions to this study are as follows:

(1) Headache is a very frequent symptom in the course of dementia præcox as well as in the early stage.

(2) Headache in dementia præcox frequently shows a remitting and exascerbating course. It comes and goes frequently in catatonic excitement.

(3) The occurrence of headaches is a support for the theory that dementia præcox is an autointoxication disease process.

W. R. D.

Troubles psychiques par perturbations des glandes à sécrétion interne. Par M. LAIGNEL-LAVASTINE. Journal de Neurologie, 13 Annee, p. 316, 336, 355 and 373.

This is the address in psychiatry made at the recent congress held at Dijon, August, 1909. As a summary, or epitome, of our knowledge of the mental disturbances commonly associated with change in function of the internal glands is a valuable communication. Naturally, such a paper does not allow a good abstract, as it is of itself so much condensed, but the author's conclusions, which were submitted to the congress for discussion, are of interest and are here given:

(1) There is a causal relationship between disturbances of the internal secretory glands—thyroid, parathyroid, suprarenal, ovary, testicle—and their corresponding syndromes: myxœdema, exophthalmic goitre, tetanus, eclampsia, gigantism, acromegaly and Addison's disease and ovarian insufficiency and deviation.

(2) Is there a causal relationship between these same disturbances and certain psychic disorders, accompanied by their respective syndromes?

(3) If so, which psychic disorders, and by what criteria may we recognise as of glandular origin? May we admit a glandular origin for the psychic disorders such as are found in the majority of the insane where the respective glandular syndromes are not easily appreciable?

(4) Taking into consideration cerebral predisposition, may we admit the possibility of a glandular origin of certain cases of cerebral weakness, dementia præcox, partial delirium, functional nervous disorders, hysteria, neurasthenia, psychasthenia?

The consensus of opinion was that the first of the above was quite true, the second probable and the third and fourth possible.

W. R. D.